

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012350

1. Entity Name

GARDINER AND GARDINER, P.A.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90026 001 ***550.00

Principal Place of Business

1 E. BROWARD BLVD.
SUITE 1501
FT LAUDERDALE FL 33301
US

Mailing Address

1 EAST BROWARD BLVD.
SUITE 1501
FT LAUDERDALE FL 33301-1865
US

2. Principal Place of Business

2708 NE 34 ST.

3. Mailing Address

2708 NE 34 ST.

Suite, Apt. #, etc.

FT LAND

Suite, Apt. #, etc.

FT. LAND

City & State

FLA

City & State

FLA

Zip

33306

Country

BRONARD

Zip

33306

Country

BRONARD

4. FEI Number

65-0376039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDINER, WILLIAM L III
600 SOUTH ANDREWS AVE.
SUITE 600
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name GARDINER WILLIAM L III

Street Address (P.O. Box Number is Not Acceptable)

2708 NE 34 ST

City

FT LAND

FL

33306

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/04/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPT
NAME GARDINER, WILLIAM L. III
STREET ADDRESS 1 E BROWARD BLVD., SUITE 1501
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE DVPS
NAME GARDINER, ANA I.
STREET ADDRESS 1 E. BROWARD BLVD., SUITE 1501
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/04/00/ 954 462 3300

CR2 1034 (9/93)